

RELEASE FOR MEDICAL/DENTAL/SURGICAL TREATMENT

It is the policy of Ada County Juvenile Court Services (ACJCS) that all youth who are admitted to Detention receive a health appraisal and any necessary laboratory test while in custody.

Further, it is the policy of ACJCS that all youth who are admitted to or in placement with ACJCS programs and require emergency medical care will receive such care.

Should emergency medical care be required, the youth will be transported to either St. Alphonsus Hospital or to St. Luke's Hospital. The emergency staff at the hospital will determine the necessary treatment.

It is the responsibility of the parent(s) or guardian(s) to pay for any medical/dental/surgical/psychiatric treatment, anesthesia, or prescriptions reasonably required while the juvenile is in the care, custody, or control of ACJCS. It is also the responsibility of the parents/guardians to provide *all* information requested on the reverse side of this sheet, including insurance information.

THIS IS SO ORDERED:



William Harrington, Magistrate Judge



David M. Mailweiler, Magistrate Judge

PARENT/GUARDIAN STATEMENT

I have read the policy of Ada County Juvenile Court Services stated above and understand it. By signing this release, I am authorizing any medical care reasonably required for my child's health and well being while in the care, custody, and control of ACJCS.

In the event that competent medical personnel find a delay in getting my consent for a specific emergency medical procedure, and that this delay would result in harm to my child, I agree that this document constitutes my consent.

Further, I agree that this consent is valid for one year from the date it is signed.

Signature of Parent/Guardian

Date Signed

Name of Juvenile (Please Print)

(Complete all - even if there is no insurance. This is billing information in case of a medical emergency.)

Juvenile's Information:

Name: _____

SS# _____ Date of Birth _____

Primary Care Physician _____

Current Medications _____

Emergency Contact _____

Insurance Information:

Insurance Carrier _____

Policy/Member Number _____ Group Number _____

Insured/Subscriber or Responsible Party's Information:

Name _____ SS# _____

Address _____

Home Phone No. _____ Work Phone No. _____

Employer's Name and Address

Signature of Parent/Guardian _____ Date: _____

Name of Parent (printed) _____

Relationship to Juvenile _____

Custodial Parent (if different from above) _____

Address _____

Phone number(s) _____